

REREGISTRATION OF REAL ESTATE CONTINUING EDUCATION PROVIDER

Instructions and Application

REREGISTRATION CHECKLIST FOR CONTINUING EDUCATION PROVIDERS. **Submit all of the following:**

- _____ A completed reregistration application form. Reregistration applications must include updated information regarding policies (policy statement, student disclosure notice), procedures, personnel, advertising or promotional materials (school brochures, printed, audio, or tele-communication copy, etc.).

- _____ A surety bond or previously approved alternative form of security as required by Hawaii Administrative Rules (HAR) §16-99-65.

- _____ List of courses, instructors, dates, and classroom locations of course of study.

- _____ If there is a new administrator, a completed Certification of Administrator of Continuing Education Provider form and Statement of Ethical Teaching Practices form.

- _____ Fees (2 Checks):

| | |
|-------------------------------------|-------------------------|
| 1. Application (Nonrefundable) | \$150 |
| 2. Compliance Resolution Fund (CRF) | \$90 odd numbered year |
| | \$45 even numbered year |

Attach two cashier's checks or money orders for the amounts payable to "Commerce and Consumer Affairs"

REAL ESTATE COMMISSION
State of Hawaii
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
250 South King Street, Suite 702
Honolulu, Hawaii 96813

**APPLICATION FOR REAL ESTATE CONTINUING EDUCATION PROVIDER
REREGISTRATION**

| | |
|-------------------------------|---------------------------------|
| Provider's Name: | |
| Business Address: | |
| Business Telephone: | |
| Provider Administrator: | |
| Administrator's Home Address: | Administrator's Home Telephone: |

Questions 1 - 3 refer to all of the following: the applicant provider (entity); partner; officer or director of a corporation; and provider's administrator.

- 1a) Have you ever applied for, been granted, or held a professional/vocational (including real estate) license in Hawaii or any other State? Yes No
If yes, what state, license type and license number? _____

- b) Has an application for professional/vocational license or a real estate license ever been denied, suspended, fined, involuntarily terminated, revoked or otherwise subject to disciplinary action? Yes No

- c) Have any complaints or charges ever been filed against you, regardless of outcome, with the licensing agency of any state? Yes No

- d) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing agency of any state? Yes No

- e) Are there any pending disciplinary actions against you? Yes No

2. During the past 20 years have you every been convicted of a crime where there has not been an order annulling or expunging the conviction? Yes No

3. Are there any pending law suits, unpaid judgments, outstanding tax obligations or any other type involuntary liens against you? Yes No

For Cashier's Use Only

| | | |
|---------|-----------|-----|
| Rereg | \$150 | 587 |
| CRF | \$90/\$45 | C13 |
| Svc Fee | \$15.00 | BCF |

4. Has the provider registration ever been suspended or revoked? Yes No

FOR ANY 'YES' RESPONSE, PLEASE PROVIDE INFORMATION/DOCUMENTATION ON THE DATE, PLACE AND TYPE OF COMPLAINT, CHARGE, CONVICTION, OR DISCIPLINARY ACTION ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS REREGISTRATION.

I hereby certify that the statements and answers on this application and accompanying document(s) are true and correct. I understand that any statement false or untrue, or any material misstatement of fact shall constitute grounds for refusal or subsequent revocation of registration.

DATE

SIGNATURE OF SCHOOL ADMINISTRATOR

NAME OF SCHOOL OF ADMINISTRATOR

CERTIFICATION OF ADMINISTRATOR OF CONTINUING EDUCATION PROVIDER

I, _____,
whose residence address is _____,
certify that I have the necessary requirement to act in the capacity of administrator of
_____.

I shall be held responsible for the following:

- a. Compliance with the Real Estate Commission's ("Commission") rules relating to continuing education providers.
- b. Providing reports and information as may be required by the Commission.
- c. Informing the Commission of changes in provider policies, programs, personnel, facilities, fees, calendar, and all other matters changing the status of the provider as originally registered.
- d. Advertising by the provider.
- e. Directing and supervising the staff and instructors of the provider.
- f. Assuring that the room in which each course is given complies with county building, county fire department and state health department requirements at the time course is given.

The above statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. My qualifications to serve as administrator is confirmed by the owner of the provider or an authorized agent of the provider.

Administrator's Signature

Name of Continuing Education Provider